

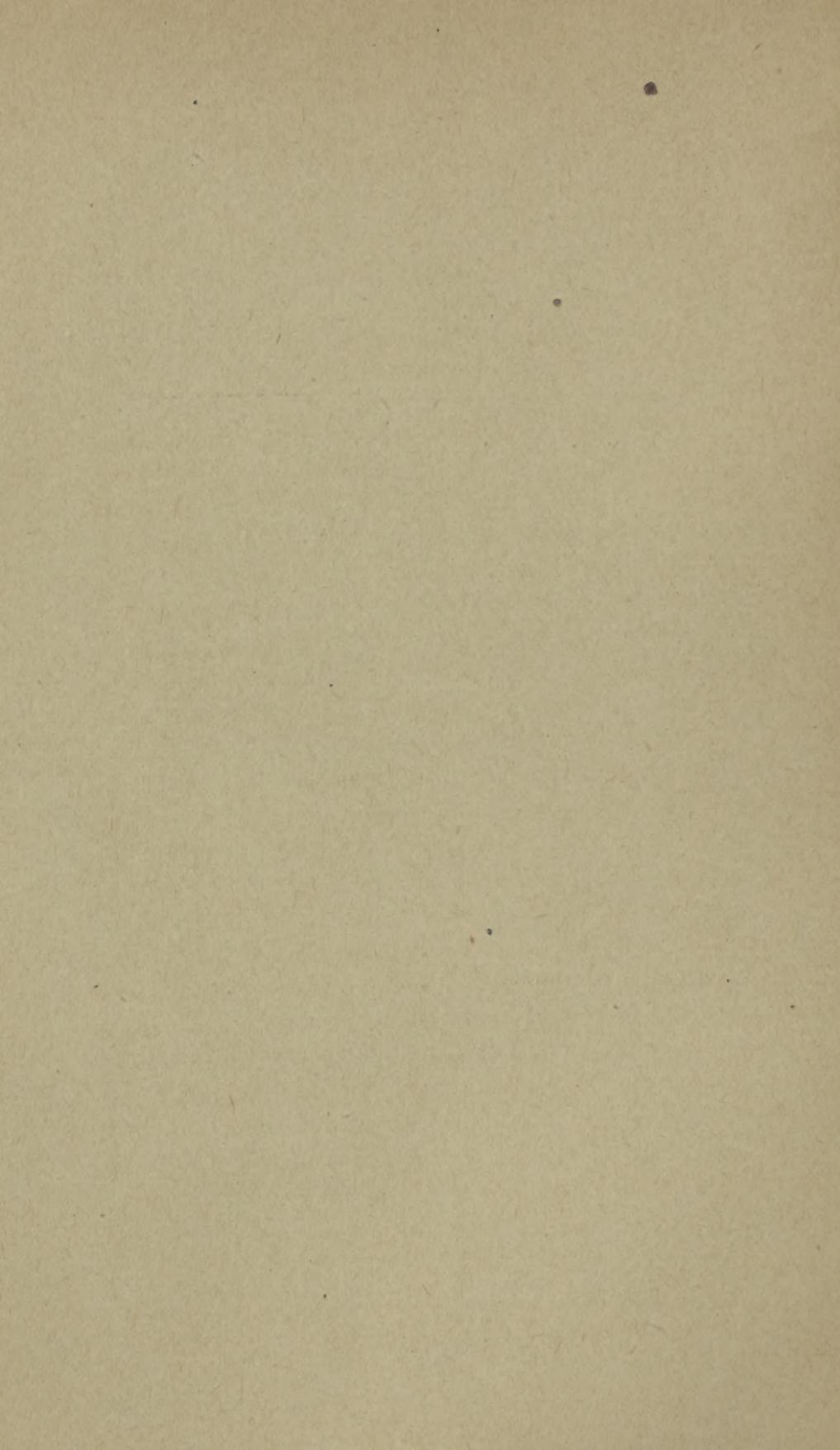
SMITH (S.)

THE CARE OF THE INSANE IN THE
STATE OF NEW YORK,
HISTORICALLY CONSIDERED.

By STEPHEN SMITH, M. D.,
State Commissioner in Lunacy.

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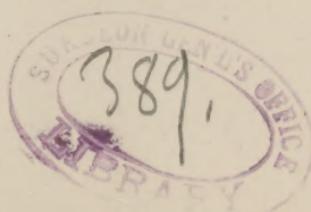
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We have been invited to attend the graduating exercises of the first class of the Training School for Attendants connected with the Buffalo State Asylum for the Insane. The occasion is one of no ordinary interest and importance. It is the first event of the kind in the history of the public care of the insane.† It begins a new era in the progress of the great reforms which have characterized this century in the improvement of the methods of ministering to the wants and necessities of this unfortunate class.

The full significance of these exercises can not be appreciated without understanding the past history of the management of the insane in this State. During the century of the existence of the State, now about to close, we may find every phase of care of this class of dependent poor, from the most barbarous to the most intelligent and benevolent. We need not go beyond the limits of our own commonwealth to find illustrations of the care of the insane in every period of the world's history. They have been treated as demoniacs; have been classed with the lowest grade of criminals; have been regarded as paupers, requiring the custody of the almshouse; and, finally, they have been taken in

* An address delivered before the first Graduating Class of the Training School for Attendants at the State Asylum for the Insane, Buffalo, N. Y., April 20, 1886.

† Since this address was delivered it has been reported that a class of trained attendants graduated from a school in Massachusetts, in March of this year.



their true character as sick people, requiring hospital care and attendance. Costly structures have been erected for their special purposes and uses, and they have been treated with the utmost tenderness.

The first law placed upon the statute book of the State of New York, relating to the treatment of the insane, was enacted in 1788, now nearly a century ago. This law gives us a vivid impression of the condition of the insane at that period, and of the state of public opinion in regard to them. The Act was entitled "An Act for apprehending and punishing disorderly persons," and was as follows:

Whereas, There are sometimes persons who, by lunacy or otherwise, are furiously mad, or are so far disordered in their senses that they may be dangerous to be permitted to go abroad; therefore, be it enacted that it shall and may be lawful for any two or more justices of the peace to cause to be apprehended and kept safely locked up in some secure place, and, if such justices shall find it necessary, to be there chained, if the last place of legal settlement be in such city, or in any town within such county.

This short but expressive act is prefaced with the significant phrase, "We, the People of the State of New York, represented in Senate and Assembly, do enact as follows." It stands, therefore, as the embodiment of the highest and best sentiment of the people of this State, regarding the insane, at the commencement of its organized civil existence. It was the popular opinion that only those insane who were "furiously mad," or so far "disordered in their senses" as to be "dangerous to be permitted to go abroad," needed public care; and these poor wretches were to be taken into custody, not to benefit them by the ministrations of benevolence and humanity, but to protect society from their acts of violence. The quality and the grade of care which they were to receive were

well defined in the Act, viz., they were to be "kept safely locked up in some secure place," and if their custodians found it necessary, they were directed to have them chained there. That this law was rigidly enforced the current history of the times affords abundant evidence. The lunatic in public care was found in every jail, despised even by the criminals with whom he was associated, and in the vast majority of cases he was chained. A contemporary medical writer, of New York, speaking of the methods of confining the insane, says:

Everything that met the view of the exiled sufferer, about to enter them, was suited to convey the idea of confinement and restraint, and that he was to be immured in and subject to the hardships of a prison; an impression of lasting and pernicious tendency. He was, indeed, there shut up from the world, separated from his friends, and covered from the light of day; and amidst the aggravated horrors of a dungeon, the chains which riveted his ghastly figure to the ground, bound also in everlasting night, the distinguishing attribute of his being. In such a situation, without an effort to revive the suspended energies of his mind, with nothing to awaken him to a sense of his human nature without a ray of consolation, of affection, or of sympathy to beam upon him, he remained a neglected, forgotten, and abandoned prisoner. Thus forlorn, the whole plan and system of his custody, were of a nature to drive him to despair, and to the hopeless, the awful condition of irremediable madness.

The public care of the insane in this State has been quite closely modelled on that of England, and to the latter country we must refer for many of the more important features of our laws on lunacy administration. This first Act of our State Legislature was exactly copied from the vagrant laws of England. It was the first Act of Parliament relating to the custody of the insane, and was passed in 1744, forty-four years before it was adopted in this State. The impulses towards reform were however earlier felt in the mother

country, and were more active and persistent than in the colonies.

If we examine the current events in the history of lunacy reform in England we find that at the time this law was enacted, in 1744, there were the first faint indications of a popular recognition of the relations of the insane to the State. The condition of the insane was most deplorable. They were arrested without warrant and confined in private mad-houses without the possibility of escape. Their treatment was of the most cruel and barbarous character. No supervision whatever was exercised over either public or private institutions. The famous Bethlehem, or Bedlam Asylum, as it was popularly called, was the great institution of the period, and the condition of its inmates was beginning to attract popular attention. DeFoe had already described in scathing language the private mad-houses, and the methods of incarcerating the insane in them. The condition of the patients in Bedlam and in the mad-houses was from time to time made public, and excited much discussion. Hogarth sketched the appearance of the insane, in their cells, lying in the straw; while other artists figured the inmates undergoing various kinds of torture. But in spite of the efforts of a few philanthropists no further legislation was secured until 1774, when England took the first step in the direction which she has steadily pursued from that date, and which has placed her in the first rank of the civilized nations of the world in the care of the insane.

At the period of the enactment of the law of 1788, by the State of New York, there were neither public nor private asylums for the insane within her borders. There was, therefore, no agitation of the question of the care of the insane. The only insane recognized

were those who were furiously mad and dangerous to be at large. The Legislature sought to protect society against this class, and found in the English Vagrant Act, of 1744, nearly half a century earlier, the formula of law for effecting its object. There was nothing in the English Act of 1774 which was applicable to the condition of the insane in New York, for they were not in asylums, nor mad-houses, but were in private care or in the pauper establishment. Nothing seems to have occurred to change the status of the insane until the year 1791, when the New York hospital was opened for patients, and the first cases admitted are supposed to have been insane. This seems to have been the first provision in this State for the insane outside of the jails and the almshouse. The treatment of the insane in this hospital was little better than in the poor-houses and jails. Writers of that period still speak of the cells and chains of the maniacs. The attendants were but little above the common order of poor-house keepers, or jailers, and there was as yet but slight agitation of the question of the improvement of the condition of the insane. It was at this time that the famous York Retreat of England, under the management of the Society of Friends, began to attract attention. A new policy was adopted in this institution. The inmates were regarded as susceptible of control and good government by humane measures. The old system of restraint was abandoned, and moral influences substituted. The result surprised England. This asylum became a model of good order, freedom from excitement, and absence of the old and familiar forms of restraint. The value of good attendants was here recognized. Many patients entered the wards who had been chained for years in other asylums, but who were soon made tractable under the influence of

kind, intelligent and humane attendants. A visitor to the Retreat states that "They sometimes have patients brought to them frantic and in irons, whom they at once release, and by mild arguments and gentle acts reduce almost immediately to obedience and orderly behaviour." It is said by the historian that the experiment at York Retreat would have failed had not the superintendent succeeded in securing attendants who were kind and gentle, and willing to perform their duties in a humane spirit.

The fame of this institution spread throughout England, and into European States, and gradually its influence moulded the lunacy system of Great Britain. In time the reports of the Retreat began to penetrate this country and awaken a new sentiment in the minds of the more philanthropic. It was not, however, until 1806 that any improvement was made in the care of the insane, though it is doubtless true that there was more or less agitation of the subject during the interval.

That there was an increasing interest felt in the care of the insane in this State is seen in the resolution of the Governors of the New York Hospital, in 1806, to erect a new building for the insane owing to the defective accommodations of the old building for this class of inmates. They appealed to the Legislature for aid, and that body appropriated the necessary sum with the following preamble to the Act, which is interesting, as it gives expression to a very advanced opinion of the needs of the insane:

It has become necessary, on account of the increasing number of patients in the hospital in the city of New York, to enlarge the same, by erecting additions thereto, for the more convenient accommodation of the sick and disabled, and particularly, to provide suitable apartments for the maniacs, adapted to the various forms and degrees of insanity.

This is the first public recognition in this State of the fact that there are various forms and degrees of insanity which require the classification of the insane, in suitable apartments.

The new building was in due time erected, and was called the "Lunatic Asylum." This asylum continued in active operation from 1808 to 1821, when the present Bloomingdale Asylum took its place. There are many evidences of the value of the experience gained in this institution, and of the influence which its management exerted upon the public mind. It led to the first effort of the State to make special provision for the insane poor, hitherto confined to poor-houses. This Act was passed in 1809, as follows:

That it shall and may be lawful for the overseers of the poor of any city or town, by and with the consent of the common council of such city, or of two justices of the peace of the county in which such town shall be, whenever any poor person legally settled in such city or town, and maintained at the public charge, who was or who shall become lunatic or insane, to contract with the governors of the New York Hospital in the city of New York, for the maintenance and care of such lunatic on such terms as they may deem meet, and to transport such lunatic to the said hospital.

For thirty-four years this asylum, which in 1821 was removed and became the Bloomingdale Asylum, was the only institution in the State having the character of a public custodial institution for the insane. It was always under the best management, and the basis of its success has ever rested on the efficiency of its officers, and the high grade of its attendants.

For nearly a quarter of a century, viz.: from 1808 to 1827, this State presented the singular anomaly of confining its insane in jails, poor-houses, and a small asylum of a very high order of management. In the jails they were still treated as criminals, and were generally

chained, as directed by the law of 1788. In the poor-houses, or almshouses, the chronic insane congregated, and were subjected to every possible degree of cruelty and neglect. In the asylum of the New York Hospital they were treated in the most humane manner, by the best class of officers and attendants. Of the excellent management of this asylum there is much contemporary evidence, but no better testimony can be given than is furnished by one of the early superintendents in his annual report. He says of the asylum:

The order and internal economy and government of the New York Lunatic Asylum have justly placed it in the highest rank among the best institutions of our country; and the most improved establishments of the kind in Europe do not afford a source of higher congratulation on the benefits they have afforded to the most afflicted of our race.

Referring to the past, he says:

The period is not remote, when a variety of circumstances conspired to render the very name of a mad-house a subject of terror and dismay. The prevailing opinion of the friends of its unhappy tenants was, that they were placed within its walls, not as in a situation, where they might by lenity and kind treatment, be restored to the blessings of health and reason, but as in a place of safe keeping; disabled from injuring themselves and others; where, from the supposed nature of their disorder, they neither deserved nor would receive the compassion of their keepers, and where they would inevitably languish and die.

Of what an asylum should be he gives the following very enlightened opinion:

Asylums for the insane ought no longer to be viewed as places of personal security merely, but the temporary abode of a class of fellow beings, having the strongest claims to our sympathy and regard; furnished with the means of comfort, amusement, and employment adapted to the circumstances of their condition and the nature of their disease.

Referring to the Bloomingdale Asylum, then in the process of erection, he suggested, "that while it is of

much importance that it be so constructed as to convey no idea but that of comfort, it may also admit of a classification of the patients during the day, according to their sex, condition of life, and various states of derangement, in separate apartments of convenient dimensions." He also recommended a "distinct building for the most raving and noisy, who should be constantly under the inspection of a faithful, humane and discreet attendant." "A convalescent," he adds, "should at all times be separated from the more insane." * * "The furious maniac" * * ought at times to be released from his chain and his cell, to be led forth to the refreshing influence of an untainted air, and the liberty of such exercise as may promote so free and equal circulation." * * "When released," it is advised that "he should not associate with the deranged." * * "It is only by thus extending the freedom of the violent that we can ascertain the changes their malady may have undergone. Neglect in performing so imperative a duty is a negative act of unpardonable cruelty, which there are strong reasons to believe, has often doomed to immeasurable suffering many a wretched inmate of a lunatic asylum." He advises that in the new asylum two large apartments be appropriated for the sick of the two sexes, each having an attendant by night as well as day.

He gives the following reasons for these views: "With such a provision, the sufferer, in whose mind the light of reason had been long extinguished, might, during that gleam of intellect, which frequently attends the closing scene of life, be made to know that he is a human being meriting and receiving the compassion and kind offices of his fellows." The labor and amusement question he discusses as follows: "I would recommend that in all their recreations, whether of

labor, or skill, or amusement, they should be separated from each other, and classed, as far as circumstances will admit, with the sane, engaged in similar amusements and pursuits. It has been found that such employments and recreations as require the most bodily exertion, have been the most beneficial."

On restraint he held the following opinions:

The means of safekeeping by bars and bolts, and cords and chains, are abundant, and easily obtained; but it should be the supreme object of those who have assumed the supreme responsibility of governing the insane, to restore to their reason and to society the greatest possible number of these afflicted beings; and we have no hesitation in believing, that this will be most certainly accomplished by strict attention to a moral regimen. The greatest improvements in the treatment of madness have been of this nature; and the most approved physical agents of modern times were familiar to our remotest ancestors. With such views, the recovery of the deranged is not to be forgotten in the mazes of abstract research, nor in those wild speculations on the nature of the reasoning faculty, under the influence of which it is often difficult to determine where the greatest alienation exists, whether in the patient, or in him who has the care of him.

Finally, it is interesting to notice his opinions of the qualifications of attendants upon the insane:

Those appointed should be reasonable, humane, moral and religious, possessing stability and dignity of character; mild and gentle in their temper and deportment, but resolute in their purposes, and of great self-command; never attempting by ill-directed efforts of superior strength to subdue the unconscious violence of their charge; of just and sagacious observation, and endued with clear and unclouded minds; so compassionate and of such intelligence, as not only to take an interest in the unhappy lot of the objects of their trust, but to be able to assist them in the recovery of their reason. In their ordinary visits they should approach the insane with an air of gentleness and kindness, expressive of concern for their unhappy condition, a deportment which will not fail to augment their respect and confidence on occasions requiring a more stern and distant intercourse.

They should watch, with discriminating and unwearyed attention, those favorable moments of drawing them from their hallucinations, their fantasies and wanderings, which frequently occur in the intermissions of many cases, both of madness and melancholy. The blunders of the ignorant and unskillful in the treatment of bodily disease, are generally of rapid effect, and may soon end in the death of their victim; but in the management of the insane, they are of slow, deep, and lasting consequence.

These remarkably clear statements on the management and construction of asylums for the insane, and of the proper qualifications of attendants, were published seventy years ago. They show that there were in New York, at that early day, men who had the most thoroughly correct views of the care and treatment of the insane, and of the proper qualification of attendants. It can not be doubted that these opinions had a wide dissemination among the leading citizens, many of whom were governors of the hospital. It is certain that the tone of public feeling towards the insane was now undergoing a marked change, for in 1827 the Legislature took the important step of passing an Act that "No lunatic shall be confined in any prison, gaol, or house of correction, or confined in the same room with any person charged with or convicted of any criminal offense." By this law the insane in this State were forever separated from the criminal classes. Thus one class of attendants on the insane, which had held sway for fifty years, were dismissed from the service.

But the reform did not end with this act of legislation. On the contrary, it assumed a more important phase. The more advanced members of the medical profession took the position that not only are the insane not criminals, but that they are sick persons who require hospital care for the purpose of recovery. This opinion gained ground, and finally became so prevalent that, in 1836, the State Medical Society

memorialized the Legislature on the subject, using the following language:

The time has arrived when we are called upon to discharge the uncancelled obligations of religious, moral and social duty to that portion of our fellow-citizens, whose appeal to our sympathies, justice and humanity is the strongest claim which can, under any circumstances, be made by any portion of our population.

The memorial concluded by urging the Legislature to make provision for the erection of a proper asylum, for the support and medical treatment of the insane, with a view to their restoration to health, reason, their friends, and the community. The Legislature passed an Act establishing the State Lunatic Asylum at Utica. This asylum was completed so far as to be organized in 1842. By this Act the policy of the State became fixed in favor of regarding insanity as a disease which required prompt medical care and treatment. This reform was a vast improvement upon the past care of the acute insane. Every effort known to science was to be put forth to restore the acute insane to health. The asylum was organized under the ablest physician of this country, and the highest grade of attendants was secured. The value of that institution to the State in rescuing the acute insane from chronic insanity can not be estimated.

But important as was this new departure, it did not disturb the large population of chronic insane who were still under the care of the almshouse keepers, nor did it in any respect improve their condition. Investigations by the State a quarter of a century after the opening of the Utica Asylum showed that the condition of the insane in the poor-houses was most deplorable. They were treated in the same barbarous and cruel manner as in the earliest periods. Men and women were found chained to the place where they had remained

from youth to old age. Then began a new effort which culminated in the organization of one of the most valuable and important State charities in the world, the Willard Asylum. This institution was especially designed to remove the insane from the poor-houses, and prevent their accumulating in these county resorts. Although it did not effect completely that object, it did lead to a reform, even in the care of the insane in these primitive institutions. Public attention was now directed to them; the State began a system of inspections, and with the publicity which was thus given to their condition, the needed changes progressed rapidly. Better attendants were accorded the insane, better food and clothing were supplied; better accommodations were secured; restraint diminished, or ceased altogether. To-day there is not a poor-house in the State in which the insane have not comfortable quarters, good food and clothing, little or no restraint.

Standing as we now do, on the threshold of the centennial of this State, and estimating the future of the insane by the light of past reforms and improvements, the coming century is full of promise, and bright with hope and anticipation. Although the agitation for lunacy reform began in England, and was most intense in that country, yet the reforms which were from time to time effected in her lunacy laws, and in the management of her asylums, were practically adopted and applied in this State. The history of that agitation in this State, as well as in England, is the history of the social progress of the people. There is no more striking illustration of the refining and elevating influences which have gradually moulded the public conscience into forms which give expression to the higher sentiments of philanthropy, than the remarkable changes which have occurred in the relations of

the State to the insane during the century of the existence of this commonwealth. One hundred years ago no one was recognized as sufficiently insane to require care or custody who was not furiously mad, and too dangerous to be at large; to-day insanity is recognized as a disease, having a great variety of expressions, and demanding treatment in its several stages by competent medical men. One hundred years ago the insane were arrested as common criminals, were incarcerated in jails, were tried by juries and were condemned to imprisonment with the same formality as the indicted and convicted felon; to-day no person can be lawfully declared insane, and be removed from his home, unless he is first examined by two physicians who have been approved by the court as competent examiners in lunacy, who must give the facts on which they base their opinions in a written certificate, verified under oath; nor can such person be held in custody on this certificate more than five days, unless it is approved and signed by a judge of a court of record within that period. One hundred years ago the insane, when duly convicted by a jury were incarcerated in cells and dungeons with criminals, and if necessary were chained; to-day the State of New York has provided for the insane residences, erected on the choicest available sites, and endowed them with every known convenience and appliance for their recovery and personal comfort. One hundred years ago cruelties and outrages in the personal treatment of the insane were of public notoriety, but they elicited no remonstrance, nor did they create a ripple of agitation; to-day the faintest rumor of unkind treatment of the insane, or even of restraint by the mildest means, arouses popular indignation as does no other tale of wrong or cruelty.

From this review it is apparent that the office of

attendant upon the insane has advanced in character and importance in proportion as our views of the nature of insanity have improved. While they were regarded as criminals the common jailer was the care-taker, when they were believed to be innocent but troublesome persons, they were placed in charge of the alms-house keeper; when it was established that they were sick persons, hospitals were erected for their care and treatment, competent physicians appointed to cure their maladies, and the highest class of nurses selected to attend them. The grade of care has, therefore, been steadily advancing until to-day a far better class of attendants are in charge of the insane than at any former period. The commencement of this reform in the selection of attendants, undoubtedly dates from the opening of the Utica Asylum. This being a curative hospital every condition favoring the highest grade of treatment was adopted. That the superintendents of that institution have always sought to maintain a thoroughly competent class of attendants, appears evident from the rules and regulations governing the conduct of its officers. Every other State asylum has, in turn, adopted the same high standard, and many of the large county asylums have followed the example of the parent institution. Thus the reform has spread until in every asylum in the State there is now a careful scrutiny of the qualifications of all applicants for the position of attendant. The following extract from the book of instruction of attendants of the State Lunatic Asylum, may now be regarded as the prevailing sentiment in reference to the character and obligations of attendants in all of our asylums:

This asylum has been erected at great expense by the State, that the insane may have a safe retreat, in the care of those who have learned the best mode of managing them, and where they may

have every chance of recovery. The first impulses of insanity are often met at home and amongst friends, by resistance and opposition. The apparent difference in the conduct and feelings of their friends, excites collision, arouses the passions, and awakens the prejudices of the victims of delusion. They now feel that those whom they loved, have turned against them—that their friends purposely thwart all their plans, oppose all their desires, and resist what they conceive to be their own best efforts to promote the happiness of both.

For these reasons it becomes desirable that they should be removed to the care of strangers, whose efforts to make them comfortable, they often acknowledge and appreciate more correctly. From strangers they will also submit to requirements without a murmur, which would excite the greatest hostility to friends.

In the various departments, all have daily much to do with the inmates of the asylum, and some devote their whole time to their care. It becomes all seriously to consider *how* this duty shall be performed; what discipline of feeling and what subjugation of temper there shall be that the "LAW OF KINDNESS" may be administered to its full extent, and in its proper spirit.

Every person employed in the asylum, in any capacity whatever, must perform the duties assigned *conscientiously*, and to the entire satisfaction of the managers, of the superintendent, and of those in immediate authority.

No individual is worthy of a place in such an institution who labors for wages only. DUTY, *a desire to improve the condition of all within the sphere of influence, to increase the happiness and lessen the sufferings of each and all the inmates, should be the governing motive of daily conduct.* It must never be forgotten that we are dealing with fellow creatures, who, being deprived of reason, are not responsible for their conduct. The regulating power of moral action is withheld from them; hence they are capricious, passionate, and often violent. They often also misjudge, and are led astray by perverted senses or by delusions of the understanding, which carry them far from the proprieties of rational conduct.

It is because they are unable to control themselves, and because they do not readily acquiesce in the directions of their friends, that many of these individuals are placed in the asylum. Here they are to have every comfort and every reasonable indulgence, which individually or collectively, will promote their best good. Here they look for sympathy and counsel, for assistance in their various troubles and perplexities. We should

enter into their feelings, and show our willingness to spend our time and strength to promote their happiness, and recovery to health.

To withhold what may reasonably be required is to do *them* injustice, and disregard *duty*. To treat them with neglect, or with unkind and hasty language, or in any way to tantalize them, or to recriminate or to return violent or abusive words, is to do them *injury*.

PERSUASION with a proper spirit, will generally be followed by a quiet acquiescence in all reasonable requirements. *Much depends upon the MANNER of intercourse with the insane.* We should never be cold and insensible to their wants—never hasty and impatient in our intercourse—never turn a deaf ear to their representations—never treat them with neglect, nor with feelings of superiority; but mingle with them in kindness, address them with respect, and we shall secure their confidence, which is necessary to their best care.

No stronger appeal could be made to the higher and better feelings, to impress a sense of moral obligations, than is embodied in this short admonition. It was the keynote to a reform which has elevated the status of attendants upon the insane to its present high position.

When I began my official inspection of the institutions for the insane in this State, I entertained no very friendly opinion or sentiments toward their management. And especially did I regard the attendants as a class of men and women probably much below the average of the nurses in hospitals with which I was connected. I should be recreant to my sense of justice did I not, in this place, and in this presence, bear willing and emphatic testimony to the generally good character of attendants in the State and metropolitan asylums. They form a corps of workers numbering about 1,000, who in intelligence, moral character and devotion to duty, are worthy of the confidence of the community. I have seen them in every capacity, and have tested them by every suitable method, night and

day, and I know of no class of employees who could have better sustained the scrutiny. It is true that there are individual exceptions, as must necessarily be the case in every profession or occupation, but as a body of men and women, engaged in a special calling, they are the peers of the best grade of hospital nurses and attendants.

As an example of the thoroughness with which attendants now perform their duties, I would state that during one year I examined the clothes, the person, and the bed of every so-called filthy patient in the asylums of this State, and found but one bed not wholly clean and in good condition.

My originally unfavorable opinion of attendants grew out of my unfamiliarity with the peculiarly responsible and difficult duties which they have to perform. And I think the public criticism of attendants would be greatly modified and mitigated if the nature of these duties were better understood. If we but consider the first and primary rule in asylum management, we can readily understand how a conscientious and careful attendant may have all his acts misconstrued especially by patients. The first and highest duty of the attendant is to maintain good order, and discipline. Good order is not more necessary to the comfort of the patients than to their recovery. Discipline in the orderly attendance to duties, is the first lesson to impress upon the insane. And yet, in the very nature of insanity, we find the most violent antagonism to both order and discipline. The early popular definition of insanity in this State, as we have seen, was "disordered in his senses." The first recognizable insane act is usually that of disorder. Then follows a disposition to wander and great intolerance of restraints of any and all kinds, and from every source. Friends now fail to

exert any influence over them, or if they attempt to do so the insane violently resist, and conceive the most intense hatred of their best and nearest relatives. No one but an attendant can fully realize the difficulty of controlling the morbid impulses of such a patient when first introduced upon a ward. He has thus far gratified every wish or purpose, and thereby his will to do as he pleases has gained strength and determination. Every effort is employed to induce him to comply with the rules of the asylum, such as to go to the table when the bell rings; to go to bed and rise at a given hour; to make his own bed; to wash before meals. All these rules he refuses to comply with, resorting to the most violent demonstrations towards those who attempt to compel him to obey. How shall such a man be brought to obedience—perhaps the very first step towards recovery? Reasoning does not influence him; to allow him to disobey only intensifies his obstinacy. The only alternative now recognized is manual force. He is overcome by superior strength, and the first link in the chain of disorderly thoughts and feelings is broken. The attendants have done their duty according to the manual. They have done their duty well and faithfully, according to the rules and regulations of asylums, and have not abused their trusts. But patients in their insane state very naturally construe these efforts as gross forms of abuse. I have many a time seen attendants lift paralytics from their filthy beds, and carry them to the bath tub, as gently as their struggles would permit, while these patients would call on me to witness the cruelties to which they were subjected. The same scene is often repeated when attempts are made to induce patients to eat, to walk out, to make their beds.

It may, I think, be stated that, in the nature of the case, no institution where the insane are held in custody,

has ever been, nor perhaps ever will be, popular with the insane. There are many who will leave it restored to their right minds, profoundly grateful for the care and attention which they have received; but there is another larger number who will leave it unimproved, and who will never fail to entertain the most hostile feelings towards all engaged in its management. There are asylums in this State where all the ministrations are inspired by the purest and most self-sacrificing religious sentiment. In these institutions the superintendent, attendants, and subordinates are all selected with reference to their special fitness for their duties. The immediate attendants upon the patients are women of culture and refinement, and life-long devotion to unrequited charity. And yet, in these asylums, I have listened to tales of cruelty, neglect, and improper treatment of the most aggravating description. But many a recovering patient has informed me that the first step in his restoration was the act of being brought to orderly habits in the daily routine of ward life.

I do not wish to be understood as asserting or implying that attendants never abuse patients. Unfortunately that is too true as the dismissals from asylum service prove. Nor do I wish to be understood as in any sense apologizing for cruelties to the insane. On the contrary all such offenses when proven should be punishable as assaults upon the person; I would only ask that common justice be meted out to those who perform their duties, often most disagreeable, conscientiously, and in accordance with rules which they have promised faithfully to obey. If we consider that in the arrangements of asylums an attendant must always be on the ward, and always on call, that many of their duties are of the most menial character, that they are constantly subjected to indignities and often assaults, that

they are largely debarred from social privileges, we gain but a faint impression of the daily life of an attendant. In one of my reports I attempted to give the daily routine of duties of attendants, from their rising to their retiring. A gentleman of high standing, who had hitherto been prejudiced against attendants, expressed his astonishment, after its perusal, that men and women could be found who would perform such duties at any price, and especially at the prices now paid. It is gratifying to know that this asylum is about to grade the wages of attendants, and thus to have a much more equitable system of payments. It is by this means that the best service can be secured.

Great as has been the improvement in the character of attendants, and it has been remarkable, there has always been apparent an absence of that special training which is essential to the full development of the qualifications for their special duties. Aptitude for any department of work is necessary to success, but without special training aptitude avails little in fields where skilled labor is required. In the care of the sick aptitude for nursing has hitherto been regarded as the only qualification. But within ten years to aptitude has been added training by a systematic course of instruction, and the result is that the old grade of nurses have been completely driven from the field. And if the nurse of one sick of a physical disease, is so much improved by training, how infinitely more important is it that those who are to minister to a mind diseased, should have special training. The power which an apt and trained attendant exerts over the insane is oftentimes marvelous. In many instances I have seen skilled attendants remove the restraint, from violent patients, who had resisted every known measure of securing good behavior, and from the first perfectly control them. I can not, therefore, too much

commend this first effort to thoroughly prepare attendants for their duties. In fact I have no doubt that within a decade, no attendants will be employed in the State asylums of this State, who have not their certificates of graduation from a Training School. When that period arrives we shall doubtless witness improvements in the management of the insane which will relieve asylums of that suspicion and prejudice, on the part of the public, now so prevalent.

We may, I think, divide the care of the insane in this State, during the century, into three periods. The first period was that of *mechanical force*, when the jailer-attendants enforced obedience by chain and scourge. But the jailer-attendant with chain and scourge has long since passed into merited oblivion. The second period was that of *manual force*. We are passing through that phase of evolution now, and it has until recently seemed the very highest degree of development attainable. The amiable and able Dr. Connolly, a powerful advocate of the abolition of mechanical restraint in England, as strongly advocated manual force. The struggles of an obstinate patient with his attendants, and their final mastery over him, was regarded by this great alienist as in the highest sense curative. But there are striking evidences that a new era is at hand, the third of the series. This period will be that of *mental force*, or the power which a trained and skilled attendant will exercise over the disordered senses, whether by soft words and gentle persuasion, or by the imperious tones of a master. In the organization of this school, and in the graduation of this class, we witness, not only the dawn of that new period, but the fulfilment of its promise.

For the graduating class I have only words of praise and encouragement. From the preceding review it is apparent that your occupation has gradually developed

from humble beginnings to the rank of an honorable and useful profession. You are no longer called upon to act the part of a custodian of a criminal, but to be the skilful, intelligent, gentle guide of an erring mind. Instead of restraining the wandering feet with chains, and the violent hands with manacles, your office will be to direct those feet to paths of order and discipline, and those hands to useful labor. Your greatest measure of success will not be won by physical prowess, but by the triumph of a sound, healthy, and well ordered mind, over the shattered forces of a mind diseased. You are the pioneers in this great reform, and on your conduct and character its success will largely depend. Your position and your future progress will be closely scrutinized, both by friends and foes. If success crown your efforts, your reward will be great. You will stand as the representatives of one of the most beneficent reforms in the history of the care of the insane.

Mr. President: The inauguration of this Training School for Attendants will, I believe, more signally and effectually establish the reputation, in the distant future, of the Buffalo State Asylum for the Insane, than any other act or event in its history. Already we hear from many asylums the notes of preparation to follow your example. To be the pioneer of a far-reaching reform, not only in the original conception of its underlying principles, but in the organization and perfection of the system or scheme by which its benefits are to be secured, is the highest honor to which man can attain. It is, then, with no ordinary pleasure, and with a profound sense of duty, that in this public capacity, and on this auspicious occasion, I acknowledge the obligations of the State, of every citizen interested in the best care and treatment of the insane, and of the insane themselves, to the founders and promoters of this school.

THE

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